

S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36927**
Registrar's No. **325**

Registration District No. **1**

Primary Registration District No. **3000**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C.O. S. Hospital
(If not in hospital or institution, write street number or location) **0**
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair **1**
 (c) City or town Kirkville **3**
(If outside city or town limits, write "RURAL") **3**
 (d) Street No. 502 W. Dodson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____ **0**

3. (a) PRINT FULL NAME Patty Jo Dobbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Single **0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 20 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. _____ min.

9. Birthplace Kirkville Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Lewis Dobbs **0**

13. Birthplace Kirkville, Missouri **0**
(City, town, or county) (State or foreign country)

14. Maiden name Leotta Mae Creason

15. Birthplace Sullivan Co., Missouri **0**
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Lewis Dobbs

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 11/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Cemetery

18. (a) Signature of funeral director W. J. Lambert

(b) Address Kirkville, Missouri

19. (a) 12-1-47 (b) W. J. Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
 year 1947 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1947 to 11-20, 1947

that I last saw her alive on 11-20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Medullary paralysis Duration _____

Due to Asphyxia

Due to atelectasis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature W. J. Taylor (M. D. or other) MD

Address Hicksville Mo Date signed 12-28-47

RECEIVED
District Health Officer No. 10
District File Number 12-47-1687
Date filed DEC 1 0 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed William C. Mendenhall
Licensed Embalmer No. 4449
P. O. Address Kirkville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.